



LDS Printing
2079 Dabney Road
Richmond, VA 23230
(804) 325-3842
customerservice@lds-printing.com

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Company name:

Phone:

Fax:

E-mail:

Date business commenced:

State:

PRIMARY BUSINESS ADDRESS:

Billing Address:

City/State:

Zip Code:

Bank name:

Bank address:

City/State:

Zip Code:

Physical Address same as billing: YES OR NO
(If no please fill out below)

Physical Address:

City/State/Zip:

Business/trade references:

Company name:

Address:

City/State/Zip Code:

Phone:

Company name:

Address:

City/State/Zip Code:

Phone:

Company name:

Address:

City/State/Zip Code:

Phone:

Agreement

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.

By submitting this application, you authorize LDS Printing to make inquiries into the banking and business/trade references that you have supplied.

Title:

Signature:

Date:

Please return to one of the following:

Fax # 804-409-5148

Email: accounting@lds-printing.com